
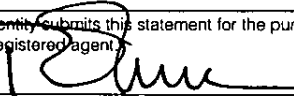
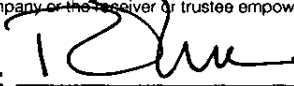


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90178 015 \*\*\*\*\*55.00

<b>DOCUMENT # L04000049551</b> 1. Entity Name <b>ARK PHILLY, LLC</b>			
Principal Place of Business <b>701 W CYPRESS CREEK RD THIRD FL FORT LAUDERDALE, FL 33309 US</b>		Mailing Address <b>701 W CYPRESS CREEK RD THIRD FL FORT LAUDERDALE, FL 33309 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1280 BAYVIEW CIRCLE</b>		3. Mailing Address <b>1280 BAYVIEW CIRCLE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>WESTON, FLORIDA</b>		City & State <b>WESTON, FL.</b>	
Zip <b>33326</b>		Zip <b>33326</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <b>02-0740573</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TOCCI, RICHARD 701 W CYPRESS CREEK RD THIRD FL FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>Richard Tocci</b> Street Address (P.O. Box Number is Not Acceptable) <b>1280 BAYVIEW CIRCLE</b> City <b>WESTON</b> FL Zip Code <b>33326</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>4/8/07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>TOCCI, RICHARD</b> <b>4401 TRADEWINDS AVE, SUITE 205</b> <b>LAUDERDALE BY THE SEA, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Richard Tocci</b> <b>1280 BAYVIEW CIRCLE</b> <b>WESTON, FL. 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE <b>4/8/07</b> DAYTIME PHONE # <b>954-551-6777</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	